

Eligibility for Acquired Brain Injury Services

Applicant's Name: _____ Date of Birth: _____ Client ID: _____

Assessments

- ☐ Yes ☐ No Are the required assessments completed?
- ☐ Intake Screening and Assessment Form (4-1) ☐ Neuro./Psychiatric Evaluation
- ☐ Brain Injury/Social History (824BI)
- ☐ Documented Brain Injury by Physician

Individual's Age/Resident/ Diagnosis Information:

- ☐ Yes ☐ No 18 years or older?
- ☐ Yes ☐ No Is the applicant a resident of Utah?
- ☐ Yes ☐ No Does the applicant have a diagnosis of?
- Brain Injury: _____ ICD 9-CM Code (optional): _____ by
Dr. _____ date _____
- Documentation to substantiate the Brain Injury (information can come from either and MRI;
neuropsychological; x-ray; psychological; physician's report; etc.): _____
- _____
- _____

Exclusions:

- ☐ Yes ☐ No Mental Retardation or,
- ☐ Yes ☐ No Related Condition (as explained in Code of Federal Regulations 42 CFR 435.1009)
- ☐ Yes ☐ No Substance abuse or mental illness (DSM-IV)
- ☐ Yes ☐ No A degenerative disease (see also R 539-1-8)

Assessment Score:

Is the Individual's score between 40 and 120 ? ☐ Yes ☐ No Score: _____

Signed: _____, ABI Support Coordinator Date: _____

